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## Statement of Chairman Daniel K. Akaka "Public Health Challenges in Our Nation's Capital" Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia Senate Committee on Homeland Security and Governmental Affairs

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Good afternoon. Thank you for joining us today as the Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia meets to evaluate the current state of public health in the District, examining the health challenges facing its residents and the steps being taken to respond to those challenges.

D.C. has the highest rate of HIV/AIDS in the nation, a distinction that is cause for great concern. The 2008 HIV/AIDS Epidemiology Update concluded that at least three percent of District residents live with HIV or AIDS. More than one-third of those infected are unaware of their HIV status. Data from the Centers for Disease Control confirm that infection rates among D.C. residents have remained among the highest in the nation for a number of years now. These figures also show HIV infection cutting across all demographics, highlighting the need for initiatives designed to reach people of every race, income level, and orientation.

The HIV statistics have not been all negative. Overall, the District's publicly supported HIV testing increased by seventy percent from 2007 to 2008. In 2007, only one baby was born with HIV in the District compared to ten babies in 2005, indicating that pregnancy initiatives are taking root.

These improvements are due in no small part to the D.C. Department of Health and HIV/AIDS Administration (HAA), which have focused their efforts on increased testing and prevention, working with the D.C. Public Schools to offer education and STD testing. Also in place is a drug assistance program under which some residents receive free mediation to treat their HIV.

While HIV/AIDS Administration initiatives offer promise, there is still much work to be done, especially in the area of testing. If residents do not know their HIV status, they cannot seek treatment, and they may be at greater risk of spreading the virus to others.

In addition to HIV/AIDS, D.C. has a disproportionately high chronic disease burden compared with the rest of the nation. One-third of D.C. residents suffer from heart disease, diabetes, or kidney disease. These diseases share common risk factors including high blood pressure and being overweight. In 2007, fifty-five percent of D.C. adults and eighteen percent of youths were obese or overweight. The District must promote proper diet and exercise to lessen the burden of chronic disease.

Late last year, Mayor Fenty announced the Chronic Care Initiative to increase chronic disease testing and treatment. The Initiative also aims to address common risk factors by promoting a healthy lifestyle.

I want to highlight two work groups focused on addressing obesity and preventing health risks early in life. The D.C. Obesity Work Group is charged with creating a city-wide obesity action plan to be released later this year. The School Health Work Group focuses on providing healthier food options, especially to students in the D.C. Public Schools.

The Department of Health (DOH) participates in the Obesity and School Health Work Groups and has developed the Child Health Action Plan, which addresses a range of health risks including obesity, encouraging students to make healthy and informed decisions. I am pleased the DOH recognizes the need to prevent health risks early in life.

It will not be easy to ensure that people seek routine testing and primary healthcare, especially when they do not have insurance or qualify for special assistance. Nevertheless, we must act to slow the growth of all diseases and to promote health. I have long supported programs to prevent, detect, and more effectively treat chronic diseases and medical conditions. In addition, I have led efforts to improve access to quality health care for indigenous people and racial and ethnic minorities who often lack access and suffer disproportionately from certain diseases such as diabetes.

The DOH cannot overcome health challenges alone. It is important to work with community organizations to reach as many people as possible. I am encouraged by partnerships between the DOH and community groups and hope more alliances are formed to address all of D.C.'s health issues.

Today's hearing is meant to foster an on-going dialogue on these important issues as we gain a greater understanding of D.C.'s health challenges and possible solutions to those challenges. I look forward to hearing from our witnesses today.